

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09874103	FILING DATE 06-05-01				
						APPLICANT(S)					
0-11-04 10-1-04 CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS							TOTAL CLAIMS				

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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